



# Howard County Office on Aging

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**Starr P. Sowers, Administrator**

## **FITNESS WAIVER & RELEASE FORM – CYCLE2HEALTH**

I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks associated with any exercise program. I recognize that there are special risks of serious injury associated with cycling activity including but not limited to road hazards, traffic and equipment failure, and I, on behalf of myself, my heirs, executors and assigns, hold Howard County, Maryland and its employees, officials, agents and volunteers harmless for my activities associated with Cycle2Health. If applicable, I have obtained all necessary medical clearances needed to use the equipment and/or participate in an exercise routine. I agree that I am voluntarily participating in these activities and I do so entirely at my own risk. I assume all risks of injury, illness, or death. In addition, the County is not responsible for any loss of my personal property. This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment and my participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment and (c) our instruction, training, and supervision. I acknowledge that I have carefully read this “Waiver and Release” and fully understand that it is a release of liability. I expressly release and discharge the County, and all employees, agents, volunteers, representatives, successors, or assigns, from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against the County or its employees for personal injury or property damage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_

**I give my permission for my photograph to be used for promotional or training purposes. Please initial:**  
Yes \_\_\_\_\_ No \_\_\_\_\_

### **If Applicant is under 18 years of age, Signature of Parent or Guardian:**

I hereby consent to my child's participation in physical activity as described above. I acknowledge that I have carefully read this “Waiver and Release” and fully understand that it is a release of liability. On behalf of myself and my child, I expressly release and discharge the County, and all employees, agents, volunteers, representatives, successors, or assigns, from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that my child or I may otherwise have to bring a legal action against the County or its employees for personal injury or property damage.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_